

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>39C0001279</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>05/10/2023</b>
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NAME OF PROVIDER OR SUPPLIER: <b>DELMONT SURGERY CENTER, LLC</b>  STATE LICENSE NUMBER: <b>22691501</b>	STREET ADDRESS, CITY, STATE, ZIP CODE: <b>463 BRUSH RUN ROAD GREENSBURG, PA 15601</b>
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S 0000	INITIAL COMMENT	S 0000		
S 0150	<p>This report is the result of an unannounced revisit survey conducted on May 10, 2023, following a State Licensure survey completed on January 24, 2023, at Delmont Surgery Center. It was determined that the facility was not in compliance with the requirements of the Pennsylvania Department of Health's Rules and Regulations for Ambulatory Care Facilities, Annex A, Title 28, Part IV, Subparts A and F, Chapters 551-573, November 1999.</p>	S 0150		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE:	(X6) DATE:

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S 0150	Continued from page 1  551.64 Content of plan of correction  551.64 Content of Plan of Correction  A plan of correction shall address deficiencies cited in the compliance directive of the Department. the plan shall state specifically what corrective action is to be taken, by whom and when.  This REGULATION is not met as evidenced by:	S 0150	The Governing Board effective 5-15-2023 revised the Bylaw Definitions and #12 Adjunct member has been removed from the document. Bylaws Article 9 also revised by Governing Board May 15, 2023 to include the pre-anesthesia assessment form must be signed by supervising physician. It was also revised in the Bylaws definitions to eliminate CRNA in # 8 Practitioner. It has been corrected on the Medical Director letters mailed out prior to 2023 to read Medical Staff instead of Adjunct staff. 5-30-2023 All adjunct staff terminology has been eliminated from medical staff applications for CRNA's and PA-C's and Bylaws including Bylaw definitions. Adjunct staff has been marked as an error on CRNA credentialing letter mail out and signed by the medical director prior to 1-24-23 survey 5-31-2023 All charts with adjunct staff on	Completion Date: <b>05/31/2023</b> Status: <b>APPROVED</b> Date: <b>06/01/2023</b>

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S 0150	Continued from page 2	S 0150	credentialing correspondence has been corrected/errored as of 5-15-2023		

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S 0150	Continued from page 3  Based on an unannounced follow-up survey conducted on May 10, 2023, review of facility's plan of correction (POC), review of documents provided by the facility, review of credential files (CF), and staff interview (EMP), it was determined that the facility failed to follow the POC submitted to as accepted by the department.  Findings include:  Review of the Governing Body Responsibilities POC revealed that the facility is out of compliance with the submitted POC. The final anticipated completion date was January 25, 2023, with the POC accepted on February 28, 2023.  The POC specified " ...As of January 25th 2023 [sic] The "adjunct medical staff" terminology has been discussed with the Medical Advisory Board and a recommendation to the Governing Board has	S 0150		

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S 0150	Continued from page 4  been advised. The terminology of Adjunct associated with CRNA's and PA-C's will no longer be in any bylaw or policy for appointment/re-appointment .... All the CRNA's and PA-C [sic] file have been corrected to Medical Staff Appointment/re-appointment on their packets that are in their files ... " .  On May 10, 2023, a review of Medical Staff Bylaws, Article 9: CRNA/PA-C Credentialing and Duties (Effective 04/08/2010; Last Revised and Approved: 2/16/2023) reveals that the term, "Adjunct Medical Staff, " was removed from Article 9 and approved by the Governing Body on 2/16/2023.  On May 10, 2023, a review of CF3 (Appointment Term: 12/21/2021 to 12/21/2023) remained appointed as Adjunct Medical Staff.  On May 10, 2023, a review of CF4 (Appointment Term: 08/29/2022 to 08/29/2024) remained	S 0150		

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S 0150	Continued from page 5  appointed as Adjunct Medical Staff.  On May 10, 2023, a review of CF5 (Appointment Term: 12/19/2022 to 12/19/2024) remained appointed as Adjunct Medical Staff.  On May 10, 2023, at 10:40am, EMP1 confirmed that CF3, CF4, and CF5 remained credentialed as "Adjunct Medical Staff." EMP1 further validated that the plan of correction specified that "All CRNA's and PA-C file [sic] have been corrected to Medical Staff."	S 0150		
S 033E		S 033E		

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S 033E	Continued from page 6  553.3 (5)(i)(ii) Governing Body Responsibilities  Governing Body responsibilities include: (5) Adopting bylaws or similar rules and regulations for the orderly development and management of the ASF, which: (i) Describe the authority delegated to the person in charge and to the medical staff. (ii) Require the governing body to review and approve the bylaws, or similar rules and regulations, of the medical staff.  This REGULATION is not met as evidenced by:	S 033E	All CRNA appointment applications were corrected to read medical staff only and adjunct staff was eliminated prior to May 10, 2023. The letter signed by the medical director between 2021-2022 was mailed out to applicant when 2 year appointment was granted by MAB/GB. It was corrected on the appointment letter since May 10, 2023. These letters to applicants were mailed out prior to survey conducted on 1-24-2023 and deficiency was not recognized previously. All Medical Staff acceptance letters for 2 year appointments sent to a CRNA reads medical staff appointment. Bylaws of the Medical staff effective April 8, 2010 have been revised by Governing Board to eliminate # 12 of our facility's definitions effective May 15, 2023. Adjunct member, CRNA, PA-C duties defined by the Center's Bylaws were an appointed members of the Medical Staff who did not have voting rights in Medical Staff matters. Also, included in elimination of	Completion Date: <b>05/31/2023</b> Status: <b>APPROVED</b> Date: <b>06/01/2023</b>

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S 033E	Continued from page 7	S 033E	<p>Bylaws definitions is #8 Practitioner which also included A CRNA but now reads a duly licensed physician, dentist or podiatrist. 5-25-2023</p> <p>All the CRNA files were corrected after conducted survey on 1-24-2023. The files that had adjunct staff on letters mailed out prior survey date could not be changed. Moving forward all appointment and reappointment letters mailed out to CRNA do not have adjunct staff on any document. These letters sent out by medical director were prior to changes recommended at current survey on 1-24-2023. 5-31-2023</p> <p>Credentialing letters that were sent to CRNA's prior to 2023 with adjunct staff typed on letter have been errored out and corrected with Medical Staff appointment on 5-15-2023</p>	

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S 033E	Continued from page 8  Based upon a review of facility credential files (CF), and staff interview (EMP) it was determined that the facility failed to correct the designation of "Adjunct Medical Staff" in 3 of 5 credential files reviewed (CF3, CF4, and CF5).  Findings include:  On May 10, 2023, a review of Medical Staff Bylaws, Article 9: CRNA/PA-C Credentialing and Duties (Effective 04/08/2010; Last Revised and Approved: 2/16/2023) reveals that the term, "Adjunct Medical Staff," was removed from Article 9 and approved by the Governing Body on 2/16/2023.  On May 10, 2023, a review of CF3 (Appointment Term: 12/21/2021 to 12/21/2023) remained appointed as Adjunct Medical Staff.  On May 10, 2023, a review of CF4 (Appointment Term: 08/29/2022 to 08/29/2024) remained	S 033E		

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S 033E	Continued from page 9  appointed as Adjunct Medical Staff.  On May 10, 2023, a review of CF5 (Appointment Term: 12/19/2022 to 12/19/2024) remained appointed as Adjunct Medical Staff.  On May 10, 2023, at 10:40am, EMP1 confirmed that CF3, CF4, and CF5 remained credentialed as "Adjunct Medical Staff."	S 033E		
S 6747		S 6747		

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S 6747	Continued from page 10  567.43 Ventilation System  The ventilation system shall be inspected and maintained in accordance with the written maintenance schedule to ensure that a properly conditioned air supply meeting minimum filtration, humidity and temperature requirements is provided in critical areas such as the surgical and recovery suites under Chapter 571 (relating to construction standards).  This REGULATION is not met as evidenced by:	S 6747	Policy 212 Temperature and Humidity has been revised by Governing Board as per Guidelines for Design and Construction of Health Care Facilities 2010 Edition: Temperature range in PACU is 70-75 degrees Humidity Range in PACU is 30-60% Temperature range in sterile supply storage is 72-78 degrees Humidity range in the sterile supply storage is max 60% Revised daily temp/humidity reports have been instituted with corrected parameters in both the PACU and sterile supply storage. This sheet was started 5-22-2023. All daily reports have been reviewed by administrator since 2-27-23. Findings have identified the circulators not waiting until 68 degrees being reached prior to incision being made. The HVAC company was notified by administrator on 5-10-2023 to change daily printout to 0730. This change did not affect the temperature reaching 68 degrees. The HVAC was again notified on	Completion Date: <b>05/25/2023</b> Status: <b>APPROVED</b> Date: <b>05/31/2023</b>

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S 6747	Continued from page 11	S 6747	<p>5-13-2023 to make adjustments to have all the temps/humidities meet the required parameters. The HVAC company made adjustments as requested.</p> <p>Lack of following policy regarding temp/humidities and appropriate interventions will be addressed with each circulator and signed by both the administrator and staff and placed in their personnel file.</p> <p>5-25-23</p> <p>A revised daily report sheet began 5-22-2023 after education by the DON to all circulators. The daily report sheet will be completed by the circulator and the report will be kept in a binder at Center hall desk.</p> <p>Revisions/interventions/Policy was reviewed and reinforced by DON with staff. This monitoring will be ongoing daily.</p>	

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S 6747	Continued from page 12  Based on review of facility documents and interview with facility staff (EMP), it was determined that the facility failed to ensure proper temperature requirements were provided in the operating rooms, recovery room, and sterile storage room.  Findings include:  On May 10, 2023, review of "Guidelines for Design and Construction of Outpatient Facilities" dated 2010, revealed " ...SURGERY AND CRITICAL CARE ...Class B and C operating rooms ...68-75 degrees Fahrenheit ...Recovery room ...Design Temperature 70-75 degrees Fahrenheit ...CENTRAL MEDICAL AND SURGICAL SUPPLY ...Sterile Storage ...72-78 degrees Fahrenheit ... "  On May 10, 2023, review of facility policy "Temperature and Humidity Control", last revised February 15, 2023, revealed "...If the temperature	S 6747		

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S 6747	Continued from page 13  in the OR ' s are not between 68-73 degrees. Notify the HVAC service representative to report out of range number ...Temperature and humidity readings must be in range and placed in log book prior to starting OR case, re-record readings if necessary ...The temperature range in PACU and Sterile Supply is between 68-73 degrees ... ".  On May 10, 2023, review of temperature and humidity logs revealed, on 5/4/23 OR 2 was 67.56 degrees Fahrenheit, follow up was marked as not applicable; Sterile Supply was 67.27 degrees Fahrenheit, follow up was marked as not applicable; PACU was 67.93 degrees Fahrenheit, follow up was marked as not applicable. On 5/5/23 OR 2 was 66.58 degrees Fahrenheit, re-check at 0725 revealed temperature was 67.2 degrees Fahrenheit; Sterile Supply and PACU were marked as not being between 68-73 degrees Fahrenheit, no follow up documented. On 5/8/23 OR 2 was 67.5 degrees Fahrenheit, re-check at 0700 revealed temperature was 67.2 degrees Fahrenheit; Sterile Supply and	S 6747		

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S 6747	Continued from page 14  PACU were marked as not being between 68-73 degrees Fahrenheit, no follow up documented.  On May 10, 2023, at 10:25am, EMP1 confirmed the above findings.	S 6747			



# Certified End Page

**DELMONT SURGERY CENTER, LLC**  
**STATE LICENSE NUMBER: 22691501**  
**SURVEY EXIT DATE: 05/10/2023**

**I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey**

Handwritten signature of Jeane Parisi in black ink.

*Jeane Parisi*  
*Deputy Secretary for Quality Assurance*

Handwritten signature of Debra L. Bogen MD in black ink.

*Debra L. Bogen, MD, FAAP*  
*Acting Secretary of Health*



THIS IS A CERTIFICATION PAGE

**PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY